



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 8-25-14

Permit No.: B14003079

Building Address: 15041 Double Bridges Ct
City: Greenwood State: MD Zip Code: 21738
Unit/Apt. # _____ SDP/NP/BA #: _____
Census Tract: _____ Subdivision: Meriwether Farm
Section: 1 Area: _____ Lot: 8
Tax Map: 21 Parcel: 24 Grid: 21
Zoning: _____ Map Coordinates: _____ Lot Size: 1.10 acres

Property Owner's Name: SK Homes + Meriwether Farm
Address: 7090 Samuel Morse Dr
City: Columbia State: MD Zip Code: 21044
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: Po Box 1253
City: Eldersburg State: MD Zip Code: 21784
Phone: 410-340-1229 Fax: _____
Email: Jeremy @ AppliedandApproved.com

Contractor Company: Valley National Gas
Contact Person: William Greiner
Address: 7201 Montevideo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: 410-799-1114 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: Install 1000 gallon in-ground propane tank

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell-Permit Number: <u>B1400432</u>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
Print Name: Jeremy Clancy
Email Address: Jeremy @ AppliedandApproved.com

RECEIVED
AUG 25 2014
Date: 8/24/14

Title/Company: permits

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/8/14</u>	<u>[Signature]</u>

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>8822</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



P.O. Box 1253
Eldersburg, MD 21784
phone: 443.340.1229
appliedandapproved.com

Date: 9/12/14

Amendment Permit#

Address: 15041 Double Bridges Ct
Glenwood MD 21738

RECEIVED

SEP 12 2014

LICENSES & PERMITS
DIVISION

Ms. Debbie Whalen
Division of Plan Review
Howard County Government
3430 Court House Drive Ellicott City, MD 21043

Dear Ms. Whalen,

I am requesting to amend permit# B14003079

To Relocate Propane Tank Location

I have enclosed:

- Fee: \$25.00
- Plot Plans
- Construction Drawings
- Other

INV# 375320
CK# 3830

If there is anything else needed please feel free to contact me anytime. Thank you in advance for your assistance.

Sincerely,

CC: DPZ
DED
Heckler RRT 9/22/14

Jeremy Clancy
443-340-1229
jeremy@appliedandapproved.com



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B14000432

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 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Meriwether Farms
 Section: 1 Area: _____ Lot: 8
 Tax Map: 21 Parcel: 24 Grid: 21
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: _____

Property Owner's Name: SK Homes
 Address: 7090 Samuel Morse Dr
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-312-5163 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: BPS Inc - Pat Orle
 Address: 232-D Cracker Dr
 City: Bel Air State: MD Zip Code: 21014
 Phone: 410-879-7848 Fax: 410-879-7847
 Email: porle@comcast.net

Existing Use: Vacant Lot
 Proposed Use: SFD
 Estimated Construction Cost: \$ 200,000-
 Description of Work: Const SFD - "Dublin"

Contractor Company: Same as Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: M4BR#557
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
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Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
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<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
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<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000036</u>	
Building Shell Permit Number: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Pat Orle Print Name: BPS Inc - Pat Orle
 Email Address: porle@comcast.net Date: 1/16/14
 Title/Company: Agent

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>4-16-14 [Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Office of the Health Officer
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: April 14, 2014

TO: BPS, Inc. Pat Orla
Via-e-mail: porla@comcast.net

RE: **Building Permit # B14000432**
15041 Double Bridges Court
Woodbine, Maryland 21797

Mrs. Orla,

Further review is contingent upon submission of a revised BAT plan and Building Plan showing the following:

BAT Plan

- Show location of blower on plan.
- Septic tank location must be 100 feet from the well.
- Sewerage system disposal data which includes trench design, invert in and out for the tank, and invert in and out for the distribution box.
- Calculations for trench must be included in your sewerage system disposal data.
- Trenches must be designed to have equal length.

Building Plan

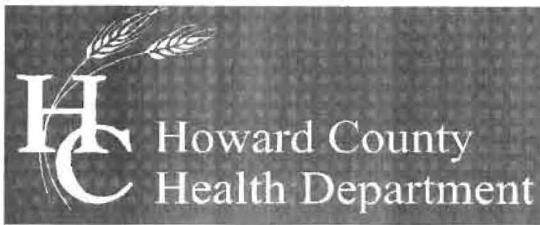
- The well Statement must be included in the general notes.
- The Septic tank location must be within a 100 feet from the well.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file
Fisher, Collins, and Carter
C/O Aldo M. Vitucci Via-e-mail: AMV@fcc-eng.com



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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: March 7, 2014

TO: BPS, Inc.
C/O Pat Orla
Via-e-mail: porla@comcast.net

RE: **Building Permit # B14000432**
15041 Double Bridges Court
Glenwood, Maryland 21738

Mrs. Orla,

Further review is contingent upon submission of a revised building plan showing the following:

Building Plan

- The well statement must be included in the general notes.

BAT Plan

- Illustrate the location of the initial absorption system and a replacement (s) with perforated pipe elevations. (See attached Septic Specs worksheet.)
- Show house connections profile drawings.
- In addition to the revised BAT plan, we will need floor plans for the proposed house.
- An Operation and Maintenance Agreement for this property will be required before use and occupancy.

Your building permit will be placed "on hold" until all Howard County Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

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Facebook: www.facebook.com/hocohealth
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Maura J. Rossman, M.D., Health Officer

DATE: April 14, 2014

TO: BPS, Inc. Pat Orla
Via-e-mail: porla@comcast.net

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Respectfully,


Dana Bernard, REHS/RS
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Phone (410) 313-2775
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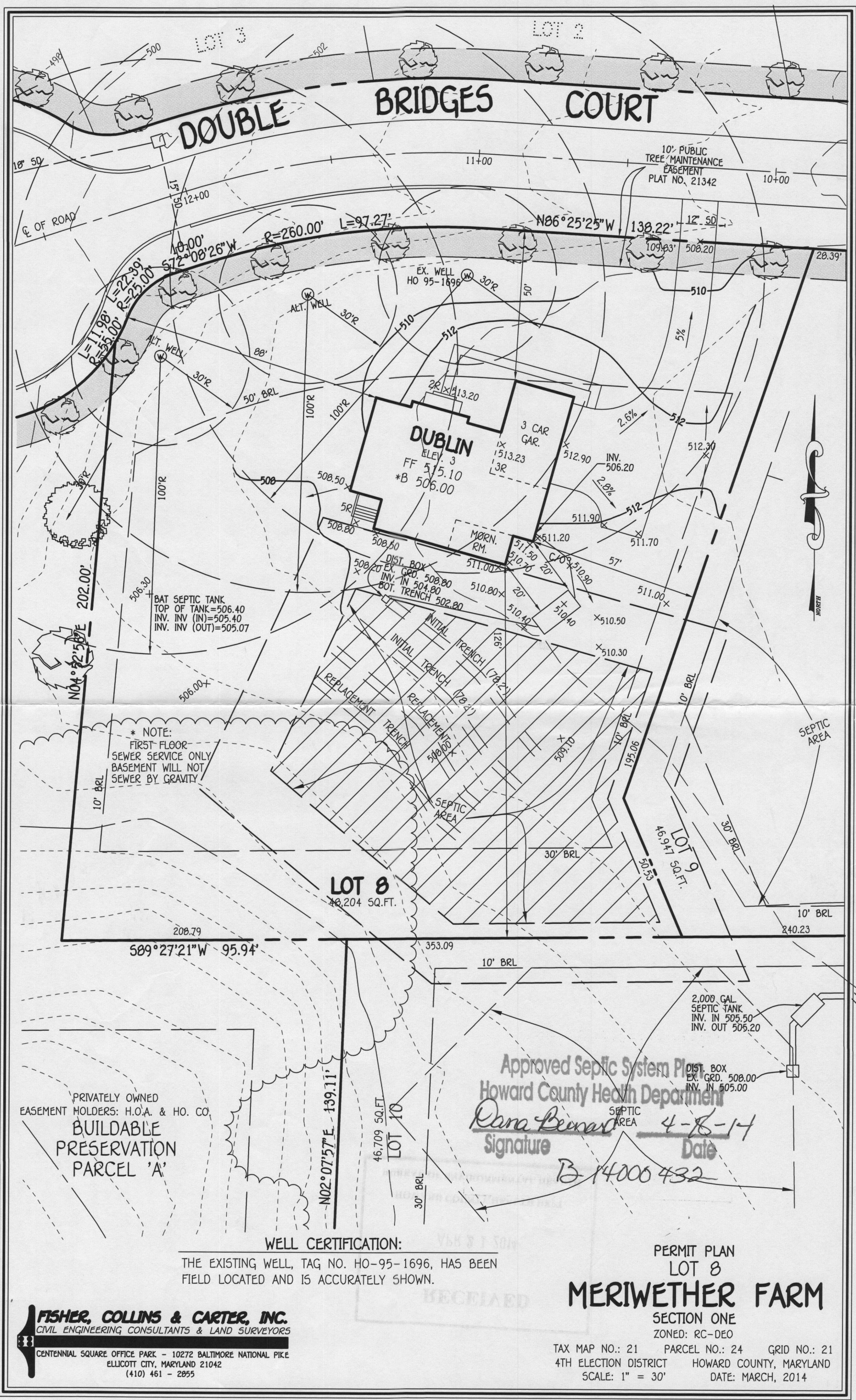
cc: Well & Septic program file
Fisher, Collins, and Carter
C/O Aldo M. Vitucci Via-e-mail: AMV@fcc-eng.com

FCC →

tank location needs
to meet setbacks

- trenches equal length
- trench design specs
- ground elev invert elev
bottom elev for each
trench

I:\2004\04056\dwg\Permit Site Plan Lot 8 For Health Dept.dwg, Model, 4/18/2014 5:02:22 PM, 1:30



* NOTE:
FIRST FLOOR
SEWER SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

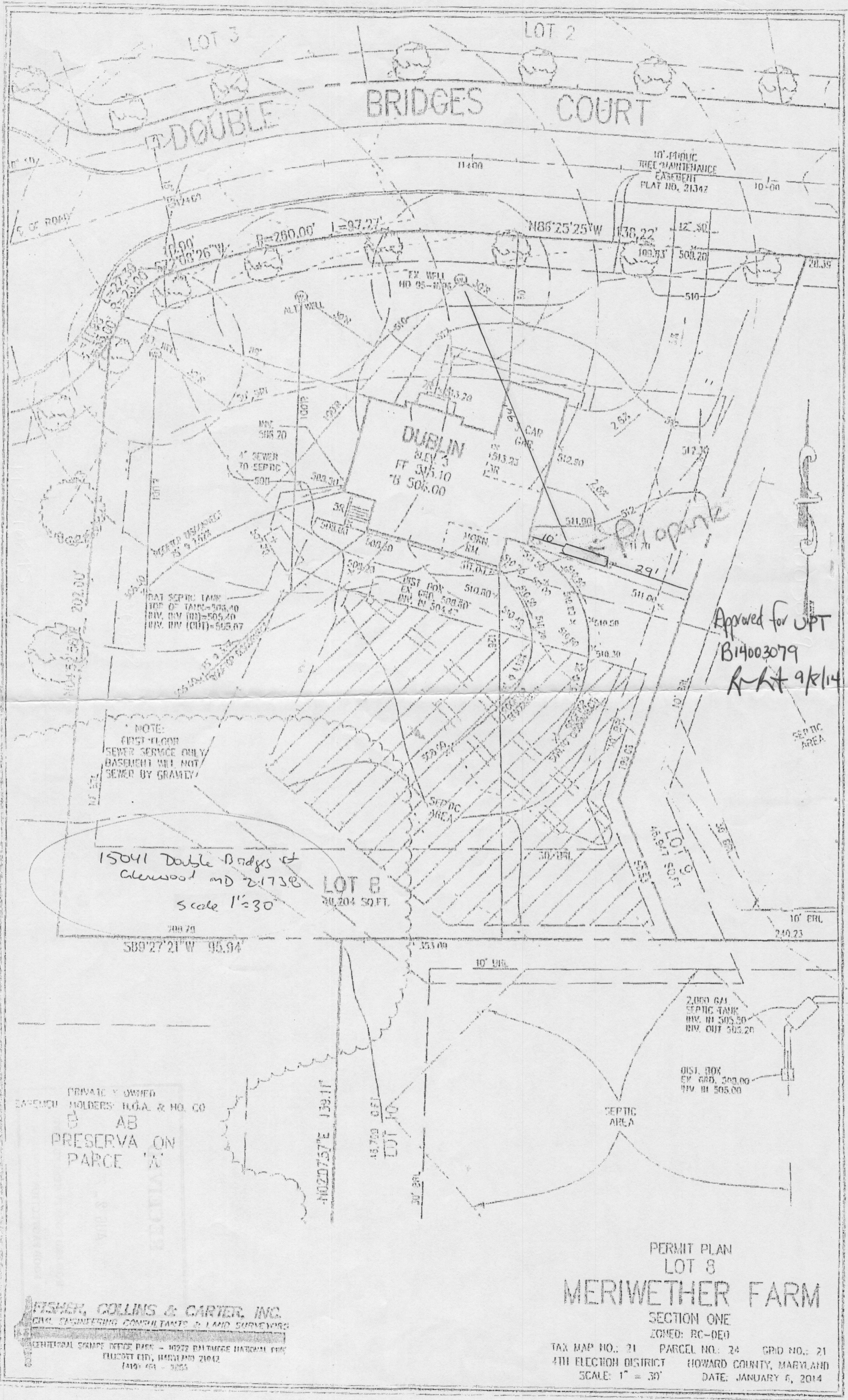
Approved Septic System Plan
Howard County Health Department
Rana Bevan
Signature
4-18-14
Date
B 14000 432

WELL CERTIFICATION:
THE EXISTING WELL, TAG NO. HO-95-1696, HAS BEEN
FIELD LOCATED AND IS ACCURATELY SHOWN.

PERMIT PLAN
LOT 8
MERIWETHER FARM

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

TAX MAP NO.: 21 PARCEL NO.: 24 GRID NO.: 21
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: MARCH, 2014



Approved for UPT
 B14003079
 R-H 9/14

15041 Double Bridges Ct
 Clearwood MD 21738
 Scale 1"=30

LOT 8
 30,204 SQ. FT.

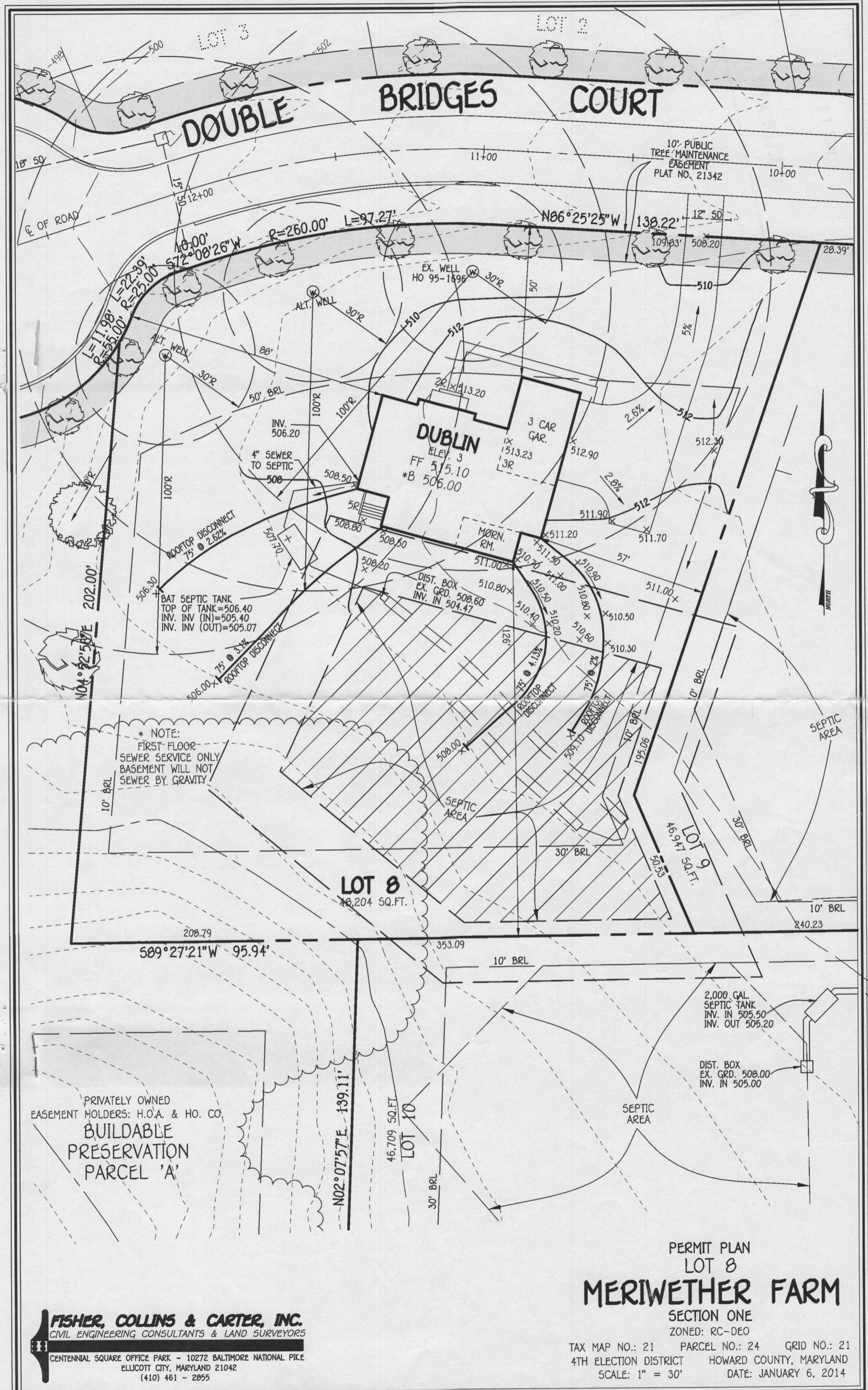
PRIVATELY OWNED
 EASEMENT HOLDERS: H.G.A. & H.O. CO
 B AB
 PRESERVATION
 PARCELS 'A'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 FEDERAL SQUARE INTERIOR PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 491-3255

PERMIT PLAN
 LOT 8
 MERIWETHER FARM
 SECTION ONE

ZONED: RC-DEO
 TAX MAP NO.: 21 PARCEL NO.: 24 GRID NO.: 21
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: JANUARY 6, 2014

\\2004\04056\dwg\Permit Site Plan Lot 8.dwg, Model, 1/6/2014 3:55:37 PM, 1:30



* NOTE:
FIRST FLOOR
SEWER SERVICE ONLY
BASEMENT WILL NOT
SEWER BY GRAVITY

PRIVATELY OWNED
EASEMENT HOLDERS: H.O.A. & HO. CO.
BUILDABLE
PRESERVATION
PARCEL 'A'

PERMIT PLAN
LOT 8
MERIWETHER FARM

SECTION ONE
ZONED: RC-DEO

TAX MAP NO.: 21 PARCEL NO.: 24 GRID NO.: 21
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SCALE: 1" = 30' DATE: JANUARY 6, 2014

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
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(410) 461 - 2855